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OFFICE OF WOMEN'S AND CHILDREN'S HEALTH

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Arizona Department of Health Services

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Women's Health Week

National Women's Health Week is an effort to raise awareness about manageable steps women can take to improve their health. Sponsored by the Health and Human Services Office on Women's Health, Women's Health Week will be held the week of Mother's Day, May 8-14, 2005. Numerous activities are planned focusing on the importance of women incorporating simple preventive and positive health behaviors into their everyday lives.

Checkup day is the Monday after Mother's Day, May 9. Local providers have agreed to provide free checkups on this day as a way to educate and remind women about the importance of routine screenings. Free screenings can include depression screening, blood pressure checks, or any number of preventive services. Each free screening provider is listed on the national Women's Health website, www.4woman.gov, as well as the state website for the Arizona Department of Health Services, Office of Women's and Children's Health, <http://azdhs.gov/whweek/index.htm>. Women are encouraged to go to the website and locate a provider in their area to take advantage of these free screenings. Throughout the week, local providers and

agencies are encouraged to participate in Women's Health Week by supporting activities in their local communities. Activities include health walk/runs, health fairs, golf tournaments, proclamations, and brown bag lectures. Arizona activities can be registered on the national and Arizona web sites or by completing a form (available at <http://azdhs.gov/whweek/index.htm>) and emailing it to hannenc@azdhs.gov or faxing it to (602) 364-1495, attn: Cathie Hannen.

Events this year will include a Health Expo for state employees sponsored by the Governor's Office for Children, Youth and Families and the Arizona Department of Health Services to be held on the state capitol grounds on Wednesday, May 11, 10:00 a.m. to 1:30 p.m., and a brown bag lunch series. Last year, more than 500 people attended the Health Expo, and 360 received a free pedometer for completing at least three health screenings while at the event.

Please see *Women's Health Week*, page 3.

National Child Health Day

The Office of Women's and Children's Health requests your help promoting National Child Health Day 2005. It may seem early to start planning for an October 3, 2005 event, but we are all busy and will need the time to engage our community partners to plan an activity in our individual communities.

The theme for 2004 was Eat Healthy Move More. The website <http://mchb.hrsa.gov/childhealthday>, gives an overview of the 2004 materials. Keep check-

ing the website for updated materials and resources for 2005.

During September 2005, the Office of Women's and Children's Health will help promote your activities by placing them on our website. If you have any ideas you would like to share with our office or think we can help you plan an event, please contact Dorothy Hastings at 602-364-1423. Let's work together to remind our communities that children are our most precious resource.

MCH Five-Year Needs Assessment

Title V of the Social Security Act of 1935 is a federal program that focuses on improving the health of all mothers and children. The Maternal and Child Health (MCH) Services Block Grant was created in 1981, consolidating several former categorical child health programs into a single program of formula grants to states. The block grant serves three populations: pregnant women and infants, children, and children with special health care needs. Each year, states apply for the block grant in an application that includes a plan for meeting needs identified through a statewide needs assessment, and a description of how the funds allotted to the state will be used.

Every five years, state Title V MCH agencies are required to conduct comprehensive needs assessments to identify state maternal and child health needs and prioritize them for strategic planning. While needs assessment is always part of an ongoing planning cycle, the five-year needs assessment is an opportunity to formally examine trends and issues, review progress, and set priorities for the next five years.

The statewide needs assessment identifies the need for:

- preventive and primary care services for pregnant women, mothers, and infants up to age one year;
- preventive and primary care services for children; and
- family-centered, community-based services for children with special health care needs and their families.

The needs assessment process is both qualitative and quantitative. Mortality, morbidity, and health care utilization data will be analyzed, and need will be indicated by any of the following: 1) an Arizona trend moving in an undesirable direction; 2) Arizona comparing unfavorably to the rest of the nation; 3) comparisons be-

tween subgroups within Arizona, e.g., geographic, racial/ethnic, age group; or 4) a measure falling short of a defined standard. Partners and other stakeholders are also a rich source of information, and the Office of Women's and Children's Health is constantly reviewing input from them both to help understand emerging issues and to help set priorities.

Over the next few months, as the block grant application and five-year needs assessment are being drafted, there will be three opportunities designed specifically to foster public participation throughout the state. The first meeting will be held in Tucson on April 21st at the Hilton El Conquistador Hotel, immediately preceding the Arizona Public Health Association Conference. The second session will be held in Phoenix on April 27 at the Flinn Foundation, and the third will be in Prescott on May 4 at the Hassayampa Inn, immediately preceding the Arizona Local Health Officers' Association annual meeting. (See box below for details.)

At the public meetings, information about issues and trends will be pre-

sented on each of the three MCH populations to inform a discussion of needs and priorities. Assessing priorities will go beyond simply identifying needs. Consideration will be given to the relative size and seriousness of problems identified and the availability and effectiveness of interventions, as well as resource availability.

In short, the needs assessment process will establish priorities that the community and the MCH agency jointly identify as important and are within their capability to address. The result of this process is a plan for directing limited resources to those priorities that are seen as most important, and a plan to measure progress in addressing them.

More information about the block grant and needs assessment, including a copy of last year's application and the year 2000 needs assessment, can be found on the Office of Women's and Children's Health website under the Assessment and Evaluation Section: www.azdhs.gov/phs/owch/assess.htm.

**The Arizona Department of Health Services
Office of Women's and Children's Health
and the Office for Children with
Special Health Care Needs
invite you to participate in a discussion about
the health of women and children and
the most important needs in your community.**

Three public input sessions will be held at the following locations:

April 21, 2005

**Tucson 2:00 p.m. - 5:00 p.m.
Coronado I Room
Hilton El Conquistador Hotel
10000 N. Oracle Rd**

April 27, 2005

**Phoenix 8:30 a.m. - 11:30 a.m.
Flinn Foundation
1802 N. Central**

May 4, 2005

**Prescott 1:00 p.m. - 4:00 p.m.
Prescott Garden Room
Hassayampa Inn 122 E. Gurley Street**

Women's Health Week

(continued from page 1)

The brown bag lecture series will be held daily at noon at the state capitol (second floor conference room) or at the Department of Health Services (150 N. 18th Ave., Room 345). The series will focus on:

Monday – mental health (state capitol)
 Tuesday – cardiovascular disease (state capitol)
 HEALTH EXPO at state capitol
 Thursday – cancer (state capitol)
 Friday – osteoporosis and oral health (Department of Health Services)

Your organization can participate in the 2005 effort in several ways:

- Plan an activity for Women's Health Week and register on the website.
- Offer a free preventive screening on National Check Up Day, May 9.
- Register to be an exhibitor or contribute promotional items for local health fairs and expos including the Health Expo at the state capitol on May 11.
- Sponsor a brown bag lunch lecture on a women's health topic.



For more information about Women's Health Week, visit <http://azdhs.gov/whweek/index.htm>.

Combating Infant Mortality through Analyzing Perinatal Periods of Risk

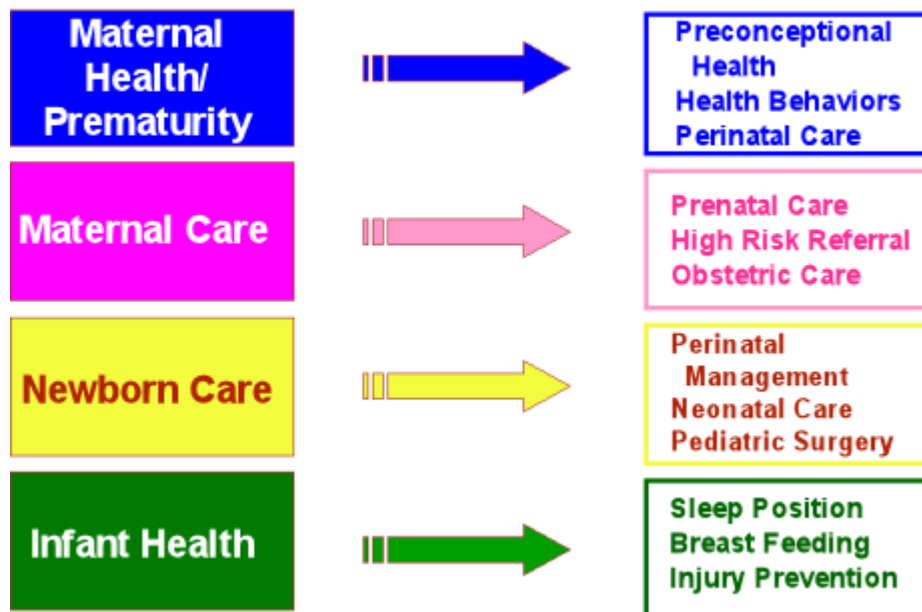
Although infant mortality in Arizona has declined over the past ten years, disparities remain in the rates of death among various subgroups of the population. Black, American Indian, and Hispanic infants die at higher rates than White infants, as do infants born to less educated women and teens.

Perinatal Periods of Risk is an analytic technique that recognizes that not all mortality is preventable. Fetal and infant deaths are analyzed by subgroup in order to target prevention activities based on which phase of the perinatal period accounts for the most excess deaths. An analysis of fetal and infant deaths in Arizona

found that 26% of the overall fetal and infant deaths from 2000 through 2002 were preventable, with higher rates among certain subgroups.

While the most deaths were associated with the maternal health/prematurity period of risk, the infant health period accounted for the highest number of preventable deaths. Of the 476 deaths attributed to the infant health period, 214 (45%) were preventable. Of the 680 deaths attributed to the maternal health/prematurity period, 194 (29%) were preventable. These findings suggest that prevention activities should aim at infant health issues (e.g., sleep position, breastfeeding, and injury prevention) and maternal health issues (e.g., preconception health, health behaviors and perinatal care).

From Data to Potential Action



For more information on the state-wide periods of risk analysis, view the slide presentation "Combating Infant Mortality: Analyzing Perinatal Periods of Risk" on the Office of Women's and Children's Health website in the Assessment and Evaluation Section: www.azdhs.gov/phs/owch/perinatal_risk.htm.

The Arizona Teratology Information Program (ATIP)

An estimated five to ten percent of birth defects are due to exposure to a drug, chemical, or infectious or physical agent during pregnancy. A teratogen is any substance that harms a fetus leading to structural or functional disability or spontaneous loss of pregnancy. Exposures during pregnancy are common and often a source of anxiety in pregnant women. Information about these exposures is not readily available from primary health care providers. Potential teratogens may take several forms: prescription medications, over-the-counter drugs, environmental chemicals, therapeutic radiation, and maternal infections.

The Arizona Teratology Information Program (ATIP) was established in 1999 by the state legislature. Beginning in January of 2004, additional funding was obtained from the Centers for Disease Control. Twenty-five states currently have teratology information programs.

The program consists of three parts: research, education, and a confiden-

tial toll-free phone service. It is a joint effort of the Arizona Poison and Drug Information Center and the Department of Pediatrics, Section of Medical and Molecular Genetics and the Department of OB/GYN, Section of Maternal/Fetal Medicine at the University of Arizona.

Calls are received by teratogen counselors during daytime hours. Off-hours callers are encouraged to call Poison Control if the situation is urgent, or to leave a message for the next business day.

The counselor obtains a thorough exposure, family, and medical history. A risk assessment is made after review of the appropriate literature and consultation with the program consultants. The client is then counseled by phone. If a significant risk is present, a formal consultation is strongly recommended with a genetic counselor, geneticist, or perinatologist.

The Arizona Teratology Information Program is staffed by three genetic

counselors. Most inquiries come from patients and their families, while 30% of calls come from physicians or other health care providers. The remaining calls represent the friends and neighbors of patients, potential adoptive parents, students and reporters. The service is receiving an increasing number of calls about exposures during breastfeeding, now comprising 30% of call volume.

The Arizona Teratology Information Program provides educational presentations throughout the state on a regular basis.

The service participates in several national research studies which will clarify whether there are risks associated with specific prenatal exposures. Currently, these studies include the use of medications to treat asthma, depression, nausea and vomiting, and rheumatoid arthritis in pregnancy.

This program is offered free of charge to any person in the state of Arizona.

Tooth Decay: A Transmissible Disease

Early childhood caries (ECC), or baby bottle tooth decay, is a rampant form of tooth decay in infants and toddlers. Past efforts to reduce ECC have been directed at eliminating inappropriate bottle use, including drinking from the bottle all day or all night, at-will breastfeeding, sugary liquids in the bottle, and use of the bottle beyond one year of age. These strategies are valid and necessary, but there is an additional factor—the relationship between the mother's oral health and that of her infant.

The decay-causing bacteria, *Streptococcus mutans*, are passed from mothers (or a caregiver spending more than eight hours a day with the child) to children between six and 36 months of age. The higher the levels of *Streptococcus mutans* in the

mother's mouth, the more likely the child will become infected. Once the child is infected, frequent and prolonged exposure to sugar—usually through the bottle—increases the incidence and virulence of ECC.

In Arizona, 35% of three-year-old children have experienced tooth decay, most of them in low-income families. Low-income families have the highest incidence of tooth decay and the least access to dental care, resulting in a high percentage of mothers with untreated decay. Untreated tooth decay means high levels of *Streptococcus mutans* and a higher risk of transmission.

Reducing the mother's decay-causing bacteria and transmission behaviors will limit the amount of

bacteria passed on to her baby. Transmission behaviors include tasting the baby's food and licking the pacifier or nipple of a bottle in an attempt to clean it when a sink is not available. The mother's bacteria can be reduced by using prescribed mouth rinses and treating unmet dental needs.

Both proper use of the bottle and the state of the mother's oral health determine the probability of early childhood caries. Mothers need to be educated about transmission and seek dental treatment to ensure optimal oral health for their children. A high incidence of tooth decay in childhood is an indicator of a lifetime of tooth decay and of perpetuating the cycle from mother to child.

County Prenatal Block Grant

The County Prenatal Block (CPBG) could be called one of Arizona's best kept secrets. It began in 1996, when legislators decided to fund a maternal child health program that somewhat mirrored the Title V Maternal Child Health Grant that the Arizona Department of Health Services currently receives. The primary populations are women of childbearing age and babies up to two years old. All 15 counties receive funding for the CPBG on a non-competitive basis.

The CPBG is a perinatal grant that addresses women's health before, during, and after pregnancy. The focus has been on improving birth outcomes. Women's health status has a significant impact on birth outcomes, as does the prenatal care they receive.

The legislature has determined that counties' needs may differ; therefore, there are no mandated services.

Each county determines the needs and parameters of its program based on an annual needs assessment. Input is provided from the community, providers, and program participants through the mandatory advisory board and other surveys and focus groups. Examples of services include prenatal classes, birth education, outreach for at-risk women, parenting classes, and parenting boot camp for dads.

Rural counties are particularly limited in resources and have to be creative in their marketing and program development. For example, free pregnancy tests are often used to identify women early in their pregnancies in order to get them into prenatal care in the first trimester. In a county that has no doctor or hospital, the County Prenatal Block Grant may be the only exposure to prenatal services women receive prior to delivery.

The program provides education, prenatal services, and women's health services to approximately 7,000 women in the state of Arizona. In addition, nearly a thousand children receive immunizations, home safety checks, developmental risk assessments, and referrals.

The success of the CPBG lies in the commitment of the professional and lay health workers throughout the state that plan, develop, and implement this program. Women receiving services may not even know what the CPBG program is, but they are grateful for what it does. Health care staff may not know the CPBG program's name or where its funding comes from, but they, too, are grateful it exists. This is why some would say that the CPBG program is one of Arizona's best kept secrets.

Arizona Childcare Survey

The Governor's School Readiness Action Plan recommends developing a health and safety consultation system for childcare providers. The Office of Women's and Children's Health, in conjunction with the Arizona Center for Community Pediatrics, sponsored a telephone survey to evaluate health and safety issues that childcare providers deal with on a regular basis. The survey assesses the need for technical support and training in licensed childcare for children five years old and younger.

More than one-third of childcare workers said that they dealt with children with behavioral or emotional issues and children with learning or developmental delays on a daily basis. On a monthly basis, three-fourths said they cared for children with behavioral or emotional issues, and two-thirds said they dealt with infections. Respondents were generally satisfied with community resources for most health and safety issues, al-

though they reported lower levels of satisfaction for resources dealing with signs of abuse or neglect, dental problems, and limited access to health care.

Ninety-five percent of the childcare providers reported that their centers provided parents with information about their child's health, and 85% said they provided parents with educational information. Sixty-seven percent said they provided parents of uninsured children with information about or help in applying for the Arizona Health Care Cost Containment system. When asked about certain safety practices, 95% said that they required infants to be placed on their backs to sleep, 62% said that they used booster seats to transport children age four through eight, and 71% administered breathing treatments.

Half of the centers reportedly use websites for health and safety infor-

mation, and one-fourth of the centers used nurse consultants or public health nurses, school nurses or local doctors, phone lines, and on-site health screenings. In Pima County, where there is a full-time public health nurse dedicated to childcare consultation, 35% said they used this resource. For those that had actually used each resource, there was a near unanimity that the resource was useful.

When asked who or what resources regularly help them with health and safety issues (such as outbreaks, compliance, or policy development) nearly half mentioned Arizona Department of Health Services, while one-third mentioned a county health department, and 12% mentioned an onsite resource.